

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 14600

Amended Confirmation Number:

Employer Information

Name: Manasquan Bank
Address: 2221 Landmark PI
City: Wall
State: NJ
Zip Code: 08736

Plan Administrator Information

Name: Michael Malloy, CFO
Address: 2221 Landmark PI
City: Wall
State: NJ
Zip Code: 08736
Phone: 7328000030
Email: mmalloy@manasquan.bank

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	LTIP for James S Vaccaro	Number of Employees: 1
ID:2	Plan Name:	2016 LTIP	Number of Employees: 42
ID:3	Plan Name:	2025 LTIP	Number of Employees: 45

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 14600. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.